**Shortage of yellow fever vaccine**

1415. SHRI RAMA MUNI REDDY SIRIGIREDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is acute shortage of the vaccine required to inoculate people against yellow fever; and

(b) if so, the steps taken to ensure its availability in all metropolitan cities?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) No, Sir.

(b) Does not arise.

**Coordination with State Governments for Population Stabilisation**

1416. SHRI RAMA MUNI REDDY SIRIGIREDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the action taken by Government in coordination with the State Governments in the matter of population stabilization since the announcement of population policy;

(b) whether any target has been set for next ten years in this regard; and

(c) if so, the details in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) Action taken by the Government in co-ordination with the States / UTs towards population stabilisation since the adoption of National Population Policy, 2000 is enclosed at Statement I. (see below)

(b) and (c) The National Population Policy, 2000 adopted by the Government of India in February, 2000 enumerates certain national socio-demographic goals to be achieved by 2010, which are expected to stabilize the population in the country by 2045; these are enclosed at Statement-II

**Statement I**

*Initiatives taken in consultation with the states for containing the growth of population and expediting the pace of implementation of National Family Welfare Programme:*

**Stabilizing population**

- An Empowered Action Group has been constituted under the chairmanship of the Union Health and Family Welfare Minister for focussed attention on

improving the coverage and outreach of services in the eight states of Uttar Pradesh, Uttaranchal, Bihar, Jharkhand, Rajasthan, Orissa, Madhya Pradesh and Chhattisgarh, involving voluntary associations, community organizations and Panchayati Raj institutions in this national effort.

- In the order to arrest the adverse sex ratio, an intensive campaign has been launched against the practice of female foeticide through the mass media, print and electronic media as well as through the voluntary organizations for stricter enforcement of the Law i.e. the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994. A meeting of all Appropriate Authorities appointed in the States for implementation of provisions of the Act has been held for more vigorous implementation.
- Male participation in the programme has increased manifold with the growing popularity of No Scalpel Vasectomy—a much-improved method.

**Upgradation of health Infrastructure**

- The Prime Minister's Gramodaya Yojana has provided in the years 2000-01 and 2001-02 central allocation of Rs.809 crores for the maintenance and upkeep of primary health infrastructure in rural India.
- Area specific projects have been taken up for strengthening primary health care services in the states of Madhya Pradesh, Rajasthan, Orissa, Maharashtra, Gujarat and Kerala under Integrated Population Development (IPD) Project supported by UNFPA, for slums in cities/ towns in the states of Andhra Pradesh, Karnataka and West Bengal in World Bank supported IPP VIII project, in Assam and Karnataka IPP IX project, in 33 districts of U.P. under IFPS project supported by USAID and in Tamil Nadu, Maharashtra and other demographically deficient areas under various programmes with the assistance of DANIDA, DFID and World Bank.
- Norms for payment for items like rent, contigencies, stipend etc. for family welfare infrastructure units set up in the States/UTs over the past several years have been revised.
- In order to strengthen the availability of health staff steps have been taken for development of cadre of Nurse Midwives in public and private

sector, contractual appointments of ANMs, Public Health Nurses and Laboratory Technicians. Private Doctors and Anesthetists are being engaged on per visit payment basis.

**Integrated service delivery: Reproductive health**

- Immunization is key to health of children by reducing infant mortality, RCH outreach services such as immunization, ante and post natal check ups, information and conselling, as well a contraceptive services are being provided. This scheme which covered 50 districts last year, has been extended during the current year to 101 additional districts.
- In an effort to supplement existing interventions seeking to expand outreach and coverage, a series of Parivar Kalyan and Swasthya Melas have been held all over the country including Mathura, Delhi, Lucknow, Kargil, Patna, Badal, Perambur, Sultanpur (U.P.) and Ghazipur (U.P.). Many more are being planned as a chain of the regular process.
- RCH Campus are also periodically organised at primary health centres for providing integrated services to the rural population, especially women and children, in remote and under-served areas. The scheme, which was started in 101 districts last year, has now been extended to 77 additional districts in the current year.
- The programme for training of traditional birth attendants (Dais), with provision of kits, has been introduced in 142 districts having less than 30% safe deliveries.

**Statement II**

*Fourteen National Socio-Demographic Goals for 2010 enumerated in the The National Population Policy, 2000*

1) Address the unmet needs for basic reproductive and child health services, supplies and infrastructure.
2) Make school education up to age 14 free and compulsory, and reduce dropouts at primary and secondary school levels to below 20 percent for both boys and girls.
3) Reduce infant mortality rate to below 30 per 100υ live births.

4) Reduce maternal mortality rate to below 100 per 100,000 live births.

5) Achieve universal immunization of children against all vaccine preventable diseases.

6) Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age.

7) Achieve 80 percent institutional deliveries and 100 percent deliveries by trained persons.

8) Achieve universal access to information/counseling and services for fertility regulation and contraception with a wide basket of choices.

9) Achieve 100 per cent registration of births, deaths, marriage and pregnancy.

10) Contain the spread of Acquired Immuno Deficiency Syndrome (AIDS), and promote greater integration between the management of reproductive tract infection (RTI) and sexually transmitted infractions (STI) and the National AIDS Control Organisation.

11) Prevent and control communicable diseases.

12) Integrate Indian System of Medicines (ISM) in the provision of reproductive and child health services, and in reaching out to households.

13) Promote vigorously the small family norm to achieve replacement levels of total fertility rate (TFR) of 2.1.

14) Bring about convergence in implementation of related social sector programmes so that family welfare becomes a people centered programme.

**Benefits of Fifth Pay Commission to ISM Medical Practitioners**

†1417. DR. A.K. PATEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that medical practitioners working under the ISM have been deprived of the benefits of Fifth Pay Commission;

(b) if so, the reasons therefor and the number thereof; and

(c) the stringent steps Government propose to take for the implementation of recommendations of Fifth Pay Commission?

†Original notice of the question was received in Hindi.